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Bib Data Sheet

CONFIRMATION NO. 1623

SERIAL NUMBER 09/935,179	FILING DATE 08/21/2001  RULE	CLASS 455	GROUP ART UNIT 2645	ATTORNEY DOCKET NO.
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/227,454 08/23/2000 *OA*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*OA*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/25/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 81	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>OA</i>	Verified and Acknowledged <i>Oba</i> <i>Anwch</i> <i>OA</i>	Examiner's Signature	Initials	

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## TITLE

Continuous local information delivery system and method

FILING FEE  RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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